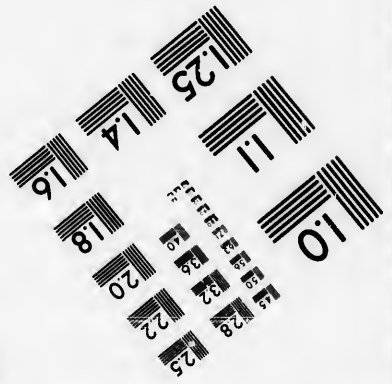
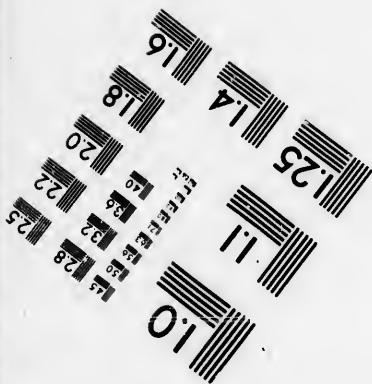
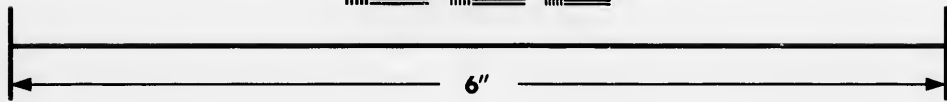
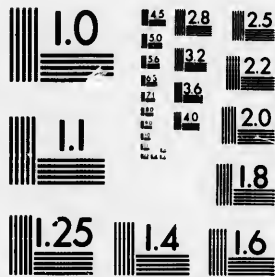


**IMAGE EVALUATION
TEST TARGET (MT-3)**



**Photographic
Sciences
Corporation**

23 WEST MAIN STREET
WEBSTER, N.Y. 14580
(716) 872-4503

**CIHM/ICMH
Microfiche
Series.**

**CIHM/ICMH
Collection de
microfiches.**



Canadian Institute for Historical Microreproductions / Institut canadien de microreproductions historiques

© 1986

Technical and Bibliographic Notes/Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for filming. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of filming, are checked below.

L'Institut a microfilmé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de filmage sont indiqués ci-dessous.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Coloured covers/
Couverture de couleur | <input type="checkbox"/> Coloured pages/
Pages de couleur |
| <input type="checkbox"/> Covers damaged/
Couverture endommagée | <input type="checkbox"/> Pages damaged/
Pages endommagées |
| <input type="checkbox"/> Covers restored and/or laminated/
Couverture restaurée et/ou pelliculée | <input type="checkbox"/> Pages restored and/or laminated/
Pages restaurées et/ou pelliculées |
| <input type="checkbox"/> Cover title missing/
Le titre de couverture manque | <input checked="" type="checkbox"/> Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées |
| <input type="checkbox"/> Coloured maps/
Cartes géographiques en couleur | <input type="checkbox"/> Pages detached/
Pages détachées |
| <input type="checkbox"/> Coloured ink (i.e. other than blue or black)/
Encre de couleur (i.e. autre que bleue ou noire) | <input checked="" type="checkbox"/> Showthrough/
Transparence |
| <input type="checkbox"/> Coloured plates and/or illustrations/
Planches et/ou illustrations en couleur | <input type="checkbox"/> Quality of print varies/
Qualité inégale de l'impression |
| <input type="checkbox"/> Bound with other material/
Relié avec d'autres documents | <input type="checkbox"/> Includes supplementary material/
Comprend du matériel supplémentaire |
| <input type="checkbox"/> Tight binding may cause shadows or distortion
along interior margin/
La reliure serrée peut causer de l'ombre ou de la
distortion le long de la marge intérieure | <input type="checkbox"/> Only edition available/
Seule édition disponible |
| <input type="checkbox"/> Blank leaves added during restoration may
appear within the text. Whenever possible, these
have been omitted from filming/
Il se peut que certaines pages blanches ajoutées
lors d'une restauration apparaissent dans le texte,
mais, lorsque cela était possible, ces pages n'ont
pas été filmées. | <input type="checkbox"/> Pages wholly or partially obscured by errata
slips, tissues, etc., have been refilmed to
ensure the best possible image/
Les pages totalement ou partiellement
obscurcies par un feuillet d'errata, une pelure,
etc., ont été filmées à nouveau de façon à
obtenir la meilleure image possible. |
| <input type="checkbox"/> Additional comments:/
Commentaires supplémentaires: | |

This item is filmed at the reduction ratio checked below/
Ce document est filmé au taux de réduction indiqué ci-dessous.

10X	14X	18X	22X	26X	30X
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12X	16X	20X	24X	28X	32X

The copy filmed here has been reproduced thanks to the generosity of:

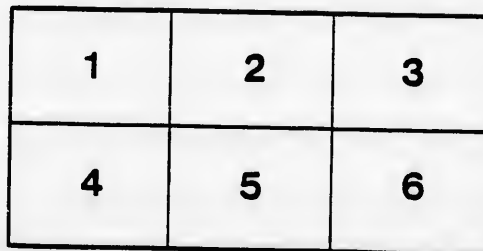
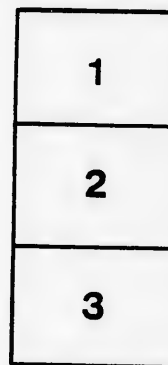
Medical Library
McGill University
Montreal

The images appearing here are the best quality possible considering the condition and legibility of the original copy and in keeping with the filming contract specifications.

Original copies in printed paper covers are filmed beginning with the front cover and ending on the last page with a printed or illustrated impression, or the back cover when appropriate. All other original copies are filmed beginning on the first page with a printed or illustrated impression, and ending on the last page with a printed or illustrated impression.

The last recorded frame on each microfiche shall contain the symbol \rightarrow (meaning "CONTINUED"), or the symbol ∇ (meaning "END"), whichever applies.

Maps, plates, charts, etc., may be filmed at different reduction ratios. Those too large to be entirely included in one exposure are filmed beginning in the upper left hand corner, left to right and top to bottom, as many frames as required. The following diagrams illustrate the method:



L'exemplaire filmé fut reproduit grâce à la générosité de:

Medical Library
McGill University
Montreal

Les images suivantes ont été reproduites avec le plus grand soin, compte tenu de la condition et de la netteté de l'exemplaire filmé, et en conformité avec les conditions du contrat de filmage.

Les exemplaires originaux dont la couverture en papier est imprimée sont filmés en commençant par le premier plat et en terminant soit par la dernière page qui comporte une empreinte d'impression ou d'illustration, soit par le second plat, selon le cas. Tous les autres exemplaires originaux sont filmés en commençant par la première page qui comporte une empreinte d'impression ou d'illustration et en terminant par la dernière page qui comporte une telle empreinte.

Un des symboles suivants apparaîtra sur la dernière image de chaque microfiche, selon le cas: le symbole \rightarrow signifie "A SUIVRE", le symbole ∇ signifie "FIN".

Les cartes, planches, tableaux, etc., peuvent être filmés à des taux de réduction différents. Lorsque le document est trop grand pour être reproduit en un seul cliché, il est filmé à partir de l'angle supérieur gauche, de gauche à droite, et de haut en bas, en prenant le nombre d'images nécessaire. Les diagrammes suivants illustrent le méthode.

aire
détails
ues du
t modifier
ger une
filmage

ées

e

errata
d to
t
e pelure,
on à



32X

Re

S. Shepherd, F. J.

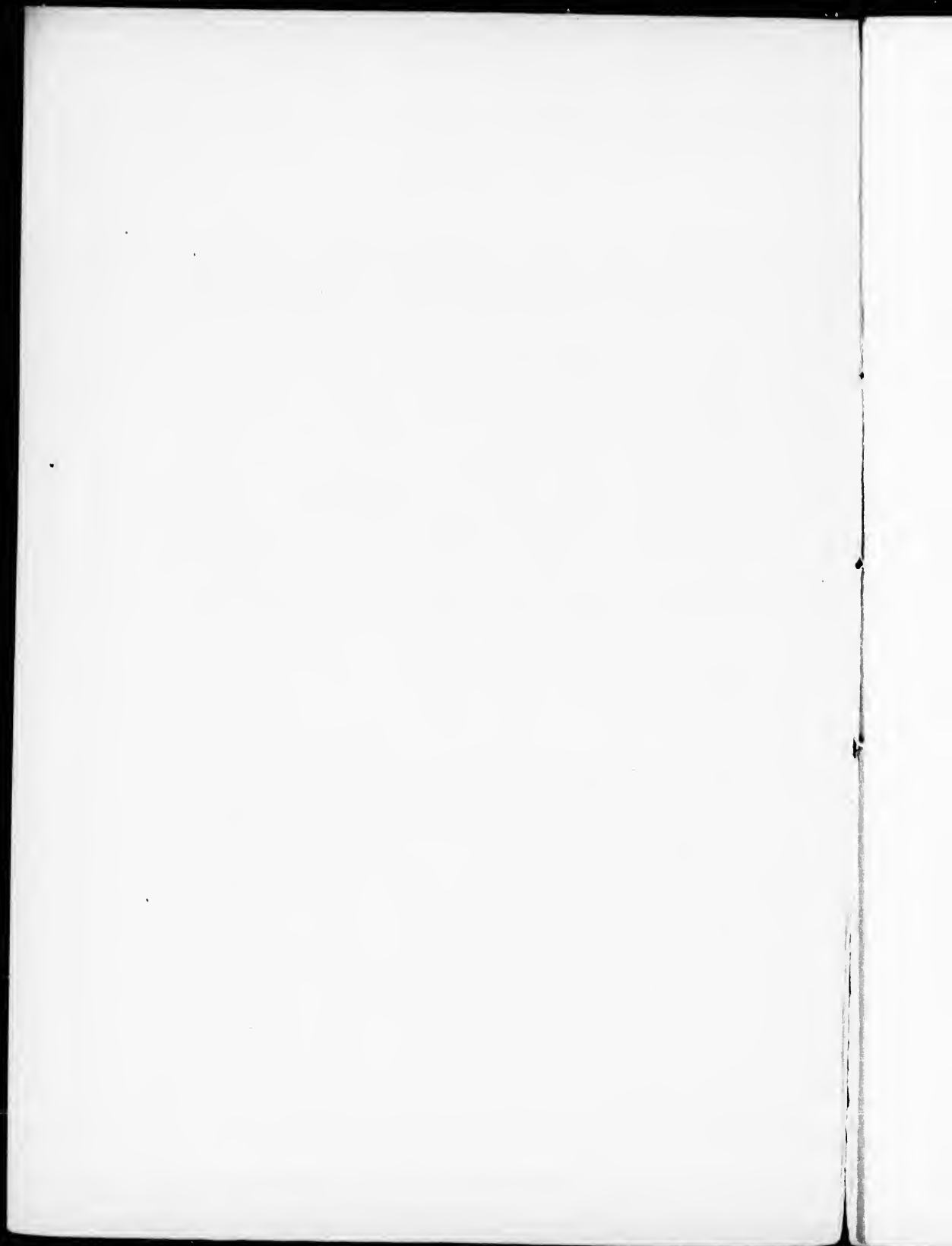
12.5

A Remarkable Case of Purpuric Eruption ending in Gangrene, apparently caused by Sodium Salicylate.

BY

FRANCIS J. SHEPHERD, M. D.,
Surgeon to the Montreal General Hospital, and
Lecturer on Dermatology, McGill
University, Montreal.

REPRINTED FROM THE
JOURNAL OF CUTANEOUS AND GENITO-URINARY DISEASES
FOR JANUARY, 1896.



A REMARKABLE CASE OF PURPURIC ERUPTION ENDING IN
GANGRENE. APPARENTLY CAUSED BY SODIUM SALICYLATE.*

By FRANCIS J. SHEPHERD, M. D.,

Surgeon to the Montreal General Hospital, and Lecturer on Dermatology, McGill University,
Montreal.

HAVING had under my care during the past summer a very unusual case of skin eruption, supposed to be caused by the ingestion of sodium salicylate, I thought a report of it would interest the members of this association. I am indebted to my house surgeon, Dr. Byers, for the careful notes taken of this case.

William B., hotel porter, aged thirty-two, was admitted into the Montreal General Hospital, May 8, 1895, complaining of pain and swelling in the left knee-joint. Patient is a well-made man of medium stature, somewhat addicted to alcohol. Had typhoid fever six years ago, and a year later several severe attacks of renal colic, for which nephrotomy was performed. He never had syphilis, gout, or rheumatism. Two days before entrance into hospital, had received a severe blow on the knee, which was followed almost immediately by swelling, pain, and heat in the joint.

On examination the left knee exhibited all the characteristics of an acute synovitis. As there was no history of gonorrhœa or any other condition tending to a synovitis, the diagnosis of traumatic synovitis was made and appropriate treatment adopted. With the exception of the knee-joint lesion the patient was perfectly healthy.

The next day after admission the patient's temperature, which had previously been normal, rose to 100° F., but there was no aggravation of the knee symptoms.

Three days after entrance the heat, swelling, and pain disappeared from the left knee, but now the right knee was becoming affected. It was slightly swollen, red, and very painful. Thinking the case was one of acute rheumatism, and waiting his transference to the medical wards, the house surgeon ordered twenty-grain doses of sodium salicylate to be taken three times a day. After three doses had been

* Read before the nineteenth annual meeting of the American Dermatological Association September 18, 1895.

taken (one drachm), an eruption appeared on the body and extremities looking very much like urticaria. Distinct wheals were seen, but there was not much itchiness. Successive crops of these urticarial

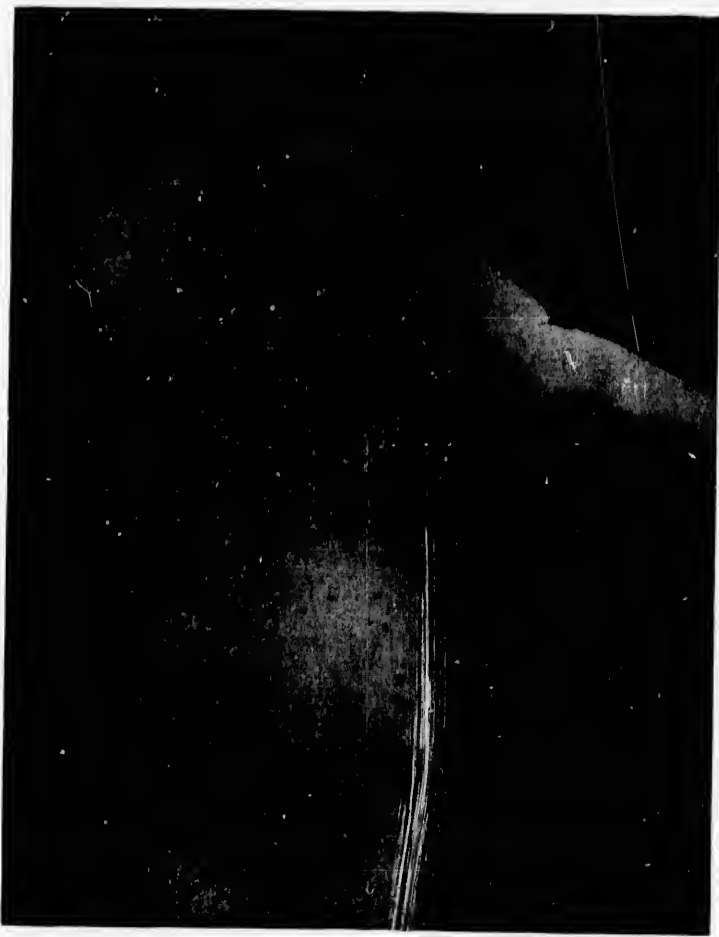


FIG. 1.

spots coming out, the administration of the drug was discontinued. The spots now became petechial, and were raised above the surface

and considerably indurated (Fig. 1). The spots went through the usual chromatic changes following extravasation of blood, and coincidently the induration altogether disappeared. At a few points the hæmorrhagic extravasation was so great that the vitality of the skin was destroyed, and a deep slough resulted, which on separating left a well-marked ulcer which was very slow to heal. The eruption affected all superficial parts of the body except the palms of the hands and soles of the feet. In addition to this the mouth, soft palate, tongue, pharynx, and larynx were all the seat of the eruption, which caused a great deal of œdematous swelling and led to alarming symptoms of impending suffocation, and for some days the patient was unable to swallow anything but liquid food, and that in only very small quantities. Myalgic and arthralgic pains accompanied the eruption. The heart was normal throughout the course of the case, and once only was a trace of albumin found in the urine. There was never any blood or pus in the urine, nor was there any disturbance of the bowels. The whole period occupied by the disease from the onset to the disappearance of the eruption was thirty-three days.

Such is the general account of the case, as to the distribution of the eruption and its appearance.

As was noted, almost every part of the surface of the body except the palms of the hands and the soles of the feet was affected at some time or other during the course of the disease. The eyelids were so swollen that the patient could not see out of his eyes, and the prepuce was much enlarged, discolored, and œdematous. The tongue, mouth, and pharynx were similarly affected, large extravasations occurred in the soft tissues of the palate and pharynx, and many sloughy spots were seen as the result of the severe hæmorrhage. This gave rise to difficulty and severe pain in swallowing. The larynx, owing to the condition of the mouth, could not be examined with the laryngoscope, but the voice was much altered and severe dyspnoea occurred at times, showing that the conditions existing in the mouth were also present in the larynx.

The eruption first appeared on the right leg, thigh, left leg, and left elbow. Then the trunk became affected, and the backs of the arms, the face, and mouth. The shoulders next were the sites of the eruption, and here it was more severe than anywhere else (Fig. 2). About the neck, shoulders, and upper arms the extravasation following the urticarial wheals was so great that large sloughs were formed. The eruption was much more extensive on the posterior than the anterior surface of the body. The scapular region and nape of the neck, backs of arms, back, buttocks, backs of thighs, and calves of legs were

especially affected; indeed, in every part where there was much pressure the rash was thickly distributed. On the anterior surface the only parts affected were the face, upper part of thorax, shoulders, thighs,



FIG. 2.

and dorsum of right foot, and in no place was the eruption very abundant. Over the shoulders and arms the eruption was most violent, the extravasations leading to necrosis of the skin. Several crops of eruption came out from time to time, but none was so severe as the first.

When the spots first came out they had exactly the appearance of urticaria, the wheals varying in size from a ten- to a fifty-cent piece and elevated above the surface of the skin. At times they were slightly itchy, and the patient complained of stinging sensations. Soon

after their appearance the spots became markedly infiltrated, and the surrounding tissue was slightly oedematous. In some regions, the arms especially, the swelling was acute and associated with tenderness and pain, probably due to the tension. Within twelve hours the infiltrated spots showed blood extravasation. They had at first a pinkish color, with here and there a central spot of a darker shade. In some instances the whole spots became dark from extravasated blood. In another forty-eight hours the infiltration had disappeared, and the color changes in the spots had commenced. These were very striking, the body being covered with brown, red, and coffee-colored spots. In many places, where several wheals had run together, a large, irregular, sharply defined spot was seen. The extravasated blood in the greater proportion of the eruption was rapidly absorbed, and the spots gradually disappeared, going through the various color stages of a bruise; but in certain places, instead of the extravasation being of moderate extent, it continued to increase and finally destroyed the part, forming deep sloughs, which slowly separated from the tissues below. This local gangrene, which occurred in the mouth and pharynx as well as on the surface, was most marked about the right and left shoulders and upper arms. In these latter spots the process was very rapid. First, large, irregular, and raised patches were seen, much indurated and very painful. These patches were in size from a fifty-cent piece to the palm of the hand, the larger patches being due to the fusion of several smaller ones. The central portion was of a dark purplish color, fading gradually to bright crimson, pink, and pale pink. The tenderness and pain as well as the inflammatory areola were marked. Later, the central portions of the spots became quite black, and blebs appeared on the surface, and soon a line of demarcation formed, and the dead began to separate from the living. During the separation of the sloughs the patient had a rise of from two to three degrees of temperature and felt ill and miserable. As the sloughs separated, his condition improved, and he was discharged from the hospital about the middle of June, with healthy granulating ulcers, which were dressed from time to time, and did not completely heal until September last. The patient has had no pain in joints and limbs since leaving hospital. That salicylate of sodium is the cause of skin lesions is well known. After the administration of this drug the appearance of erythema or urticaria has been frequently noted; in some cases intense itching has been the chief symptom, and cases of oedema of the eyelids following its use have also been reported. Freudenberg (*Berlin. klin. Woch.*) reports a case in which a petechial eruption occurred after the taking of five grammes (seventy-five grains) of sodium salicylate. These pe-

techie were intensely itchy, and some were the size of a fifty-cent piece. They occurred on the back at first, but afterward spread to the breast, shoulders, upper arms, hips, and thighs. After eight days the spots became paler, and the epidermis desquamated in large scales. Of course, some might contend that my case was not one of drug eruption, but one of those rare forms of peliosis rheumatica known as erythema purpuricum. Hutchison calls it purpura thrombotica. In some of these cases the hemorrhage is severe enough to destroy the skin and cause a slough. It is said that the rash of this affection occurs chiefly in the legs, and is more often seen in women.

The pains in the limbs, the swellings in the joints, and the duration of the case would perhaps render this diagnosis probable, but still the fact remains that until the drug was administered no sign of any skin affection was seen, and the purpura was preceded by a well-marked urticarial rash. Again, the hæmorrhagic condition existed in the mucous membranes or under the skin. Still, there is no doubt much to be said in favor of the diagnosis of peliosis rheumatica, and since the case occurred I have been daily more inclined to come to the conclusion that the eruption was not due to the sodium salicylate alone.

